

LINDA LINGLE  
GOVERNOR



STEPHANIE AVEIRO  
EXECUTIVE DIRECTOR

PAMELA Y. DODSON  
EXECUTIVE ASSISTANT

STATE OF HAWAII

DEPARTMENT OF HUMAN SERVICES  
HOUSING AND COMMUNITY DEVELOPMENT CORPORATION OF HAWAII  
677 QUEEN STREET, SUITE 300  
Honolulu, Hawaii 96813  
FAX: (808) 587-0600

IN REPLY REFER TO:

TO U.S. Department of Housing and Urban Development  
500 Ala Moana Boulevard, Suite 1  
Honolulu, Hawaii 96813  
RE OPERATING FUND CALCULATION OF OPERATING SUBSIDY

DATE March 22, 2004

ATTENTION Ms. Jane Adaniya

WE ARE SENDING YOU

☒ Attached

☐ Under separate cover via \_\_\_\_\_ the following items:

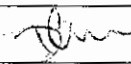
COPIES	DATE	NO.	DESCRIPTION
Original		HUD-52723	Operating Fund Calculation of Operating Subsidy
Original		HUD-52722-A	Calculation of Allowable Utilities Expense Level
Original		HUD-52728	HA Calculation of Occupancy Percentage for a Requested Budget Year (RBY)
Original		HUD-50070	Certification for a Drug-Free Workplace
Original		HUD-50071	Certification of Payments to Influence Federal Transactions
Original		HUD-52574	PHA/HA Board Resolution

THESE ARE TRANSMITTED AS CHECKED BELOW:

☐ For approval ☐ Approved as submitted ☐ Resubmit \_\_\_\_\_ copies for approval  
☐ For your use ☐ Approved as noted ☐ Submit \_\_\_\_\_ copies for distribution  
☒ As requested/required ☐ Returned for corrections ☐ Return \_\_\_\_\_ corrected prints  
☐ For review and comment ☐ For signature

☐ FOR BIDS DUE: \_\_\_\_\_ 20\_\_ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF THERE ARE ANY QUESTIONS PLEASE CONTACT: Donovan Chun  PHONE: (808) 587-0604

SIGNED: Stephanie Aveiro

Stephanie Aveiro, Executive Director

COPY TO \_\_\_\_\_

**Operating Fund**  
**Calculation of Operating Subsidy**  
**PHA-Owned Rental Housing**

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0029 (exp.10/31/2004)

**Section 1**

a) Name and Address of Public Housing Agency  Housing and Community Development Corporation of Hawaii 667 Queen Street, Suite 300 Honolulu, Hawaii 96813						b) Budget Submission to HUD required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						c) Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No.	
d) No. of HA Units 5,363	e) Unit Months Available (UMAs) 63,708	f) Subject FYE 06/30/05	g) ACC Number SF-181	h) Operating Fund Project Number H   1   0   0   1   0   0   1   0   5   J			i) DUNS Number 847-845351

**Section 2**

Line No.	Description	Requested by PHA (PUM)	HUD Modifications (PUM)
----------	-------------	------------------------	-------------------------

**Part A. Allowable Expenses and Additions**

01	Previous allowable expense level (Part A, Line 08 of form HUD-52723 for previous year)	308.42	
02	Part A, Line 01 multiplied by .005	1.54	
03	Delta from form HUD-52720-B, if applicable (see instructions)		
04	"Requested" year units from latest form HUD-52720-A (see instructions)		
05	Add-ons to allowable expense level from previous fiscal year (see instructions)		
06	Total of Part A, Lines 01, 02, 03 and 05	309.96	
07	Inflation factor	1.020	
08	Revised allowable expense level (AEL) (Part A, Line 06 times Line 07)	316.16	
09	Transition Funding		
10	Increase to AEL		
11	Allowable utilities expense level from form HUD-52722-A	95.35	
12	Actual PUM cost of Independent Audit (IA) (Through FYE )		
13	Costs attributable to deprogrammed units		
14	<b>Total Allowable Expenses and Additions</b> (Sum of Part A, Lines 08 thru 13)	411.51	

**Part B. Dwelling Rental Income**

01	Total rent roll (as of 12/1/3)	\$ 1,137,489	
02	Number of occupied units as of rent roll date	4,659	
03	Average monthly dwelling rental charge per unit for current budget year (Part B, Line 01 ÷ Line 02)	244.15	
04	Average monthly dwelling rental charge per unit for prior budget year	237.06	
05	Average monthly dwelling rental charge per unit for budget year 2 years ago	239.11	
06	Three-year average monthly dwelling rental charge per unit ((Part B, Line 03+Line 04+Line 05)÷ 3)	240.11	
07	50/50 Income split ((Part B, Line 03 + Line 06) ÷ 2)	242.13	
08	Average monthly dwelling rental charge per unit (lesser of Part B, Line 03 or Line 07)	242.13	
09	Rental income adjustment factor	1.03	1.
10	Projected average monthly dwelling rental charge per unit (Part B, Line 08 times Line 09)	249.39	
11	Projected occupancy percentage from form HUD-52728	95%	%
12	<b>Projected average monthly dwelling rental income per unit</b> (Part B, Line 10 times Line 11)	236.92	

**Part C. Non-dwelling Income**

01	Other income	0.00	
02	<b>Total operating receipts</b> (Part B, Line 12 plus Part C, Line 01)	236.92	
03	<b>PUM deficit or (Income)</b> (Part A, Line 14 minus Part C, Line 02)	174.59	
		Requested by PHA (Whole dollars)	HUD Modifications (Whole dollars)
04	Deficit or (Income) before add-ons (Part C, Line 03 times Section 1, e)	11,122,780	

Line No.	Description	Requested by PHA (Whole Dollars)	HUD Modifications (Whole Dollars)
<b>Part D. Add-ons for changes in Federal law or regulation and other eligibility</b>			
01	FICA contributions		
02	Unemployment compensation		
03	Family Self Sufficiency Program		
04	Energy Add-On for loan amortization		
05	Unit reconfiguration		
06	Non-dwelling units approved for subsidy		
07	Long-term vacant units		
08	Phase Down for Demolitions		
09	Units Eligible for Resident Participation: Occupied Units (Part B, Line 02)	4,659	
10	Employee Units	2	
11	Police Units	1	
12	Total Units Eligible for Resident Participation (Sum of Part D, Lines 09 thru 11)	4,662	
13	Funding for Resident Participation (Part D, Line 12 x \$25)		116,550
14	Other approved funding, not listed (Specify in Section 3)		
15	<b>Total add-ons</b> (sum of Part D, Lines 01, 02, 03, 04, 05, 06, 07, 08, 13 and 14)		116,550
<b>Part E. Calculation of Operating Subsidy Eligibility Before Adjustments</b>			
01	Deficit or (Income) before adjustments (Total of Part C, Line 04 and Part D, Line 15)		11,239,330
02	Actual cost of Independent Audit (IA)		
03	<b>Operating subsidy eligibility before adjustments</b> (greater of Part E, Line 01 or Line 02) (If less than zero, enter zero (0))		11,239,330
<b>Part F. Calculation of Operating Subsidy Approvable for Subject Fiscal Year (Note: Do not revise after the end of the subject FY)</b>			
01	Utility Adjustment for Prior years		
02	Additional subject fiscal year operating subsidy eligibility (specify)		
03	Unfunded eligibility in prior fiscal years to be obligated in subject fiscal year		
04	HUD discretionary adjustments		
05	Other (specify)		
06	Other (specify)		
07	Unfunded portion due to proration	( )	( )
08	Net adjustments to operating subsidy (total of Part F, Lines 01 thru 07)		
09	<b>Operating subsidy approvable for subject fiscal year</b> (total of Part E, Line 03 and Part F, Line 08)		11,239,330
<b>HUD Use Only (Note: Do not revise after the end of the subject FY)</b>			
10	Amount of operating subsidy approvable for subject fiscal year not funded		( )
11	Amount of funds obligated in excess of operating subsidy approvable for subject fiscal year		
12	<b>Funds obligated in subject fiscal year</b> (sum of Part F, Lines 09 thru 11) (Must be the same as line 690 of the Operating Budget, form HUD-52564, for the subject fiscal year) Appropriation symbol(s):		
<b>Part G. Memorandum of Amounts Due HUD, Including Amounts on Repayment Schedules</b>			
01	Total amount due in previous fiscal year (Part G, Line 04 of form HUD-52723 for previous fiscal year)		
02	Total amount to be collected in subject fiscal year (Identify individual amounts under Section 3)	( )	( )
03	Total additional amount due HUD (include any amount entered on Part F, Line 11) (Identify individual amounts under Section 3)		
04	<b>Total amount due HUD to be collected in future fiscal year(s)</b> (Total of Part G, Lines 01 thru 03) (Identify individual amounts under Section 3)		

Line No.	Description	Requested by PHA (Whole Dollars)	HUD Modifications (Whole Dollars)
----------	-------------	-------------------------------------	--------------------------------------

**Part H. Calculation of Adjustments for Subject Fiscal Year****This part is to be completed only after the subject fiscal year has ended**

01	Indicate the types of adjustments that have been reflected on this form: <input type="checkbox"/> Utility Adjustment <input type="checkbox"/> HUD discretionary adjustment (Specify under Section 3)		
02	Utility adjustment from form HUD-52722-B		
03	Deficit or (Income) after adjustments (total of Part E, Line 01 and Part H, Line 02)		
04	Operating subsidy eligibility after year-end adjustments (greater of Part E, Line 02 or Part H, Line 03)		
05	Part E, Line 03 of latest form HUD-52723 approved during subject FY (Do not use Part E, Line 03 of this revision)		
06	Net adjustments for subject fiscal year (Part H, Line 04 minus Part H, Line 05)		
07	Utility adjustment (enter same amount as Part H, Line 02)		
08	Total HUD discretionary adjustments (Part H, Line 06 minus Line 07)		
09	Unfunded portion of utility adjustment due to proration		
10	Unfunded portion of HUD discretionary adjustment due to proration		
11	Prorated utility adjustment (Part H, Line 07 plus Line 09)		
12	Prorated HUD discretionary adjustment (Part H, Line 08 plus Line 10)		

**Section 3**

Remarks (provide part and line numbers)

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Authorized HA Representative &amp; Date:

Signature of Authorized Field Office Representative &amp; Date:

X

*Stephanie Aweiro*

X

# Calculation of Allowable Utilities Expense Level

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0029 (exp. 10/31/2004)

PHA-Owned Rental Housing  
Operating Fund

a) Public Housing Agency <b>Housing and Community Development Corporation of Hawaii</b>	b) Operating Fund Project Number <b>H I 0 0 1 0 0 1 0 5 J</b>	c) New Project Numbers	d) Fiscal Year Ending <b>06 / 30 / 05</b>	f) Type of Submission: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. ( )
			e) ACC Number <b>SF-181</b>	g) Energy Performance Contract <input type="checkbox"/> h) Utility Rate Incentive <input type="checkbox"/>

Line No.	Description	Unit Months Available	Sewerage and Water Consumption	Electricity Consumption	Gas Consumption	Fuel (Specify type e.g., oil, coal, wood)		
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01	UMA and actual consumption for old projects for 12 month period which ended 12 months before the Requested Budget Year.	63,708	683,455,000	15,913,032	543,341			
02	UMA and actual consumption for old projects for 12 month period which ended 24 months before the Requested Budget Year.	63,708	706,546,000	12,983,197	573,383			
03	UMA and actual consumption for old projects for 12 month period which ended 36 months before the Requested Budget Year.	63,708	667,193,650	15,854,774	622,808			
04	Accumulated UMA and actual consumption of old projects (sum of lines 01, 02, 03).	191,124	2,057,194,650	44,751,003	1,739,532			
05	Estimated Unit Months Available for old projects for Requested Budget Year.	63,708						
06	Ratio of Unit Months Available for old projects (line 04 divided by line 05 of column 3)	3						
07	Estimated UMA and consumption for old projects for Requested Budget Year (Each figure on line 04 divided by line 06).	63,708	685,731,550	14,917,001	579,844			
08	Estimated UMA and consumption for new projects.							
09	Total estimated UMA and consumption for old and new projects for Requested Budget Year (line 07 + line 08).	63,708	685,731,550	14,917,001	579,844			
10	Estimated cost of consumption on line 09 for Requested Budget Year (Line 13 times Line 09).	Costs	3,017,219	2,003,353	1,053,693			
11	Total estimated cost for Requested Budget Year (sum of all columns of line 10).	6,074,265						
12	Est. PUM cost of consumption for Requested Budget Year (Allowable Utilities Expense Level) (Line 11 divided by line 09, col. 3)	95.35						
13	Rate		0.0044	0.1343	1.8172			
14	Unit of Consumption		Gallons	Kilowatts	Therms			

# HA Calculation of Occupancy Percentage for a Requested Budget Year (RBY)

PHA/IHA-Owned Rental Housing Performance  
Funding System (PFS)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0066  
(Exp. 09/30/2004)

1a. Name and Address of PHA/IHA (Include Street Address, City, State, Zip Code)  <b>Housing and Community Development Corporation of Hawaii 677 Queen Street, Suite 300 Honolulu, Hawaii 96813</b>			2a. Contact (Person who can best answer questions about this submission) <b>Donovan Chun</b>	
			2.b Contact's Phone Number (include area code) <b>(808) 587-0504</b>	
3. RBY Beginning Date: (mo/day/yyyy) <b>07/01/04</b>	4. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. ( )	5. PAS/LOCCS Project Number <b>HI00100105J</b>	6. Report Date (mo/day/yyyy) <b>12/31/2003</b> (check one box) <input checked="" type="checkbox"/> Actual Day <input type="checkbox"/> Average for Actual Month	7. Data Source <input checked="" type="checkbox"/> form HUD-51234 <input type="checkbox"/> Rent Roll Records

## Part A. Actual Occupancy Data as of Report Date

8. Units Occupied	<b>4674</b>
9. Units Available	<b>5330</b>
10. Actual Occupancy Percentage (Divide line 8 by line 9; multiply by 100 and round to nearest whole)	<b>88 %</b>

**Stop & Note** 11. If the HA-wide occupancy percentage shown on line 10 is 97% or greater and the HA believes that an average occupancy rate of at least 97% is sustainable for the RBY, then check the box below. You have completed the form and do not need to proceed further.

☐ High Occupancy HA: Occupancy Percentage is 97% or higher and is sustainable for the RBY → Use 97% as the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723

12. Units vacant as of Report Date (subtract line 8 from line 9 and enter result) **656**

**Stop & Note** 13. If the result on line 12 is five or fewer vacant units and the HA believes that during the RBY: 1) the inventory (line 9) will not change; and, 2) the number of vacant units on line 12 will be vacant for the full RBY, then check the box below. You have completed the form and do not need to proceed further.

☐ High Occupancy HA with five or fewer vacant units → Use line 10 for the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723

**Part B. Distribution of Actual Vacancies By Major Cause** Given below are circumstances and actions recognized by HUD as possible causes of vacancies that are beyond the control of the HA to correct. If appropriate, please distribute the number of vacant units reported on line 12 among these causes. Attach sheet identified with HA name and address, the RBY beginning date, and ACC number. Use the sheet to describe, for each circumstance; when the circumstance occurred; the location of the units involved; why the circumstance is preventing the HA from occupying, selling, demolishing, rehabilitating, reconstructing, consolidating or modernizing the vacant units; and the likelihood that these circumstances will be mitigated or eliminated in the RBY.

14. Units vacant because of litigation (e.g., units that are being held vacant as part of court-ordered or HUD-approved desegregation plan)	
15. Units vacant because of Federal, Tribal, or State laws of general applicability. (Note: do not include units vacant only because they do not meet minimum construction or habitability standards.)	
16. Units vacant due to changing market conditions	
17. Units vacant because of natural disaster	
18. Reserved	
19. RMC-managed units vacant because of failure of HA to fund approvable request for Federal modernization funding (This line for use only by RMCs)	
20. Units vacant because of casualty loss and need to settle insurance claims	
21. Total Units Vacant Due To Circumstances Beyond The HA's Control (Enter sum of lines 14 - 20)	
22. Units vacant after adjusting for circumstances beyond the HA's control (Subtract line 21 from line 12)	<b>656</b>

**Stop & Note** 23. If the result on line 22 is five or fewer vacant units and the HA believes that during the RBY: 1) the inventory (line 9) will not change; and, 2) the number of vacant units on both lines 21 and 22 will be vacant for the full RBY, then check the box below. You have completed the form and do not need to proceed further.

☐ High Occupancy HA with five or fewer vacant units after adjustment for vacancies beyond its control → Use line 10 for the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723

24. Vacancy Percentage after adjusting for beyond control circumstances (Divide line 22 by line 9, multiply by 100, and round to nearest whole) **12 %**

**Stop & Note** 25. If the result on line 24 is 3% or less and the HA believes that during the RBY: 1) the inventory (line 9) will not change; and, 2) the number of vacant units on lines 21 and 22 will be vacant for the full RBY, then check the box below. You have completed the form and do not need to proceed further.

☐ High Occupancy HA: 3% or less vacancy rate after adjustment for vacancies beyond control → Use line 10 for the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723

**Part C. Status of Units Undergoing Modernization as of Report Date** If changes occur after the Report Date but prior to submission of this form, the most current status will be shown.

26. Protected Units	Occupied Units	Vacant Units
a: Number of units that are under modernization construction (contract awarded or force account work started)	0	219
b: Number of units not under construction contract but included in a HUD-approved modernization budget where the time period for placing the units under construction (two FFYs after FFY of approval) has not yet expired.	62	80
27. Unprotected Units: Number of units included in a HUD-approved modernization budget where the time period for placing the units under construction (two FFYs after FFY of approval) has expired.		

Part D. Units Estimated to be Available for Occupancy During RBY	(a) No. of Units	(b) Avg. No. of Mos. in RBY	(c) No. of Unit Mos. (a x b)
28. Units Available as of Report Date (Enter line 9)	5330	12	63960
29. Additional Units Available During RBY because of Development/Acquisition of PFS-Eligible projects	+		+
30. Units Unavailable During RBY because of Demolition/Disposition/Conversion Actions Approved By HUD	-		-
31. Total (Add lines 28 and 29; subtract line 30)	5330		63960

Part E. Units Estimated to be Occupied During RBY	(a) No. of Units	(b) Avg. No. of Mos. in RBY	(c) No. of Unit Mos. (a x b)
32. Units Occupied as of Report Date (Enter line 8)	4674	12	56088
33. Additional Units Occupied during RBY because of Development/Acquisition of PFS-Eligible Projects	+		+
34. Reoccupancy during RBY of Units Vacated for Circumstances Beyond the HA's Control	+		+
35. Reoccupancy during RBY of Vacant Units in a Funded Modernization Program	+	219	2476
36. Occupied Units in Funded Modernization Program Being Vacated during RBY	-	37	288
37. Occupied Units Being Vacated during RBY because of Demolition/Disposition/Conversion Actions Approved by HUD. If there are occupied units that become vacant after the Report Date but before the start of the RBY because of circumstances and actions beyond the HA's control, place that number here ( ) and include in total shown on 37. Attach separate sheet with same information requested in Part C.			
38. Total (Add lines 32-35, subtract lines 36 and 37)	4856		58276

Part F. Occupancy Percentage During RBY	
39. Total Unit Months of Occupancy (Enter line 38c)	58276
40. Total Unit Months Available for Occupancy (Enter line 31c)	63960
41. Occupancy Percentage for RBY (Divide line 39 by line 40; multiply by 100 and round to nearest whole)	91 %
42. Average Number of Vacant Units During RBY (Subtract line 39 from line 40; divide result by 12 and round to nearest whole)	474

43. If the result on line 41 is 97% or higher or if the result on line 42 is five or less, then check the appropriate box below. You have completed the form and do not need to proceed further.
- Stop & Note**
- ☐ a. High Occupancy HA: Occupancy Percentage is 97% or higher for the RBY → Use 97% as the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723
- ☐ b. High Occupancy HA with five or fewer vacant units → Use line 41 for the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723

Part G. Vacancy Percentage for RBY Adjusted for Modernization	
44. Total Unit Months of Vacancy in RBY (Enter line 40 less line 39)	5684
45. Total Unit Months for Vacant Units In Funded Mod. and Under Construction or Funded for Construction (Sum the vacant units of lines 26a and b; multiply by 12)	3588
46. If any of the vacant units on lines 26a or b will be reoccupied during the RBY, enter that number times the average number of months during the RBY these units will be reoccupied.	- 2476
47. If any of the occupied units on lines 26a or b will be vacated during the RBY for mod. construction, enter that number times the average number of months during the RBY these units will be vacated.	+ 288
48. Total Unit Months for Vacant Units In Funded Mod. And Under Construction or Funded For Construction In RBY (Add line 45; less line 46; plus line 47)	1400
49. Total Unit Months of Vacancy in RBY Adjusted for Modernization (Enter line 44 less line 48)	4284
50. Vacancy Percentage for RBY Adjusted for Modernization (Divide line 49 by line 40; multiple by 100; and round to nearest whole.)	7 %
51. Average Number of Vacant Units in RBY Adjusted for Modernization (Divide line 49 by 12; round to nearest whole)	357

52. If the result on line 50 is 3% or lower or if the result on line 51 is five or less, then check the appropriate box below. You have completed the form and do not need to proceed further.
- Stop & Note**
- ☐ a. High Occupancy HA: Vacancy Percentage is 3% or less for the RBY after Modernization Adjustment → Use line 41 as the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723
- ☐ b. High Occupancy HA: five or fewer vacant units after Modernization Adjustment → Use line 41 for the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723



Part H. Vacancy Percentage for RBY Adjusted for Both Modernization and Beyond Control Circumstances	
53. Total Unit Months of Vacancy in RBY (Enter line 44)	5684
54. Total Unit Months of Vacancy in RBY Due to Modernization (Enter line 48)	1400
55. Total Unit Months of Vacancy in RBY Due to Beyond Control Vacancies (Enter line 21 times 12; less any entry made on line 34c)	
56. Total Unit Months of Vacancy After Above Adjustments (Enter line 53 less lines 54 and 55)	4284
57. Vacancy Percentage for RBY After Above Adjustments (Divide line 56 by line 40; multiply by 100; and round to nearest whole.)	7 %
58. Average Number of Vacant Units in RBY After Above Adjustments (Divide line 56 by 12; round to nearest whole)	357
59. If the result on line 57 is 3% or lower or if the result on line 58 is five or less, then check the appropriate box below. You have completed the form and do not need to proceed further.	
Stop & Note	<input type="checkbox"/> a. High Occupancy HA: Vacancy Percentage is 3% or less for the RBY after Modernization Adjustment → Use line 41 as the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723
	<input type="checkbox"/> b. High Occupancy HA: five or fewer vacant units after Modernization Adjustment → Use line 41 for the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723
<b>Part I. Adjustment for Long Term Vacancies</b> If the HA estimates that it will have a vacancy percentage of more than 3% for its RBY and more than five vacant units after adjusting for vacant units undergoing modernization and vacancies beyond its control, the HA will exclude all of its long-term vacancies (if any) from its count of units available for occupancy and use this section to determine its projected occupancy percentage.	
60. Total Long-term Vacancies (Subtract vacant units shown on lines 21, 26a, and b from line 12. Analyze remaining vacancies and identify those units that have been vacant for more than 12 months as of the Report Date.)	21
61. Unit Months of Vacancy Associated With Long-Term Vacancies (Multiply line 60 by 12)	252
62. Total Unit Months Available for Occupancy in RBY Adjusted for Long-Term Vacancies (Subtract line 61 from line 31(c)) Use this UMA number in all other PFS calculations.	63708
63. Occupancy Percentage for RBY Adjusted for Long-Term Vacancies (Divide line 38(c) by line 62; multiply by 100 and round to nearest whole)	91 %
64. Average Number of Vacant Units in RBY after All Adjustments (Subtract line 60 from line 58)	336
65. Total Unit Months of Vacancy in RBY after All Adjustments (Subtract line 61 from line 56)	4032
66. Vacancy Percentage for RBY Adjusted for Long-Term Vacancies (Divide line 65 by line 62; multiply by 100 and round to nearest whole)	6 %
67. If the result on line 63 is 97% or higher or if the result on line 64 is five or less or if the result on line 66 is 3% or less, then check the appropriate box below. You have completed the form and do not need to proceed further.	
Stop & Note	<input type="checkbox"/> a. High Occupancy HA: Occupancy Percentage is 97% or higher for the RBY after Long-Term Vacancies Adjustment → Use 97% as the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723. Use the UMA result on line 62 in calculating PFS eligibility.
	<input type="checkbox"/> b. High Occupancy HA: Five or fewer vacant units after Adjustment for Long-Term Vacancies → Use line 63 as the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723. Use the UMA result on line 62 in calculating PFS eligibility.
	<input type="checkbox"/> c. High Occupancy HA: Vacancy Percentage is 3% or lower for the RBY after Long-Term Vacancies Adjustment → Use line 63 as the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723. Use the UMA result on line 62 in calculating PFS eligibility.
<b>Part J. Projected Occupancy Percentages for Low Occupancy HAs</b> If the HA cannot determine an acceptable Projected Occupancy Percentage for the RBY using the above approach, it will use this section. The HA will use the lower of either 97% or that percentage based on having five units vacant for the RBY. Either percentage can be adjusted for vacant units undergoing modernization construction and vacancies beyond its control. Small HAs of 140 units or less will generally want to use a percentage based on five vacant units.	
68. Enter 97% if HA has more than 140 units. If 140 or fewer units, determine occupancy percentage based on 5 vacant units, for RBY. (Take 60 unit months and divide by line 62; multiply by 100 and round to nearest whole. Subtract result from 100%)	97 %
69. Percentage Adjustment for Modernization and Beyond Control Vacancies (Add lines 48 plus 55; divide that sum by line 62; multiply by 100 and round to nearest whole)	2 %
70. Projected Occupancy Percentage for Low Occupancy HA (Take the percentage on line 68 and subtract the percentage shown on line 69. Use the result as the Projected Occupancy Percentage on Part B, line 11 of form HUD-52723. Use the UMA result on line 62 in calculating PFS eligibility)	95 %



# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Housing and Community Development Corporation of Hawaii

Program/Activity Receiving Federal Grant Funding

Federal Low Rent Program, Section 8 Program, Comprehensive Grant Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☒ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Stephanie Aveiro

Title

Executive Director

Signature

X

*Stephanie Aveiro*

Date

03-19-2004

# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

Housing and Community Development Corporation of Hawaii

Program/Activity Receiving Federal Grant Funding

Federal Low Rent Program, Section 8 Program, Comprehensive Grant Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Stephanie Aveiro

Executive Director

Signature

Date (mm/dd/yyyy)

*Stephanie Aveiro*

03/19/2004

# PHA/IHA Board Resolution

Approving Operating Budget or Calculation of  
Performance Funding System Operating Subsidy

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0026 (Exp. 6/30/2001)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Acting on behalf of the Board of Commissioners of the below-named Public Housing Agency (PHA)/Indian Housing Authority (IHA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

(date)

- ☐ Operating Budget Submitted on: \_\_\_\_\_
- ☐ Operating Budget Revision Submitted on: \_\_\_\_\_
- ☒ Calculation of Performance Funding System Submitted on: March 22, 2004
- ☐ Revised Calculation of Performance Funding System Submitted on: \_\_\_\_\_

I certify on behalf of the: (PHA/IHA Name) Housing And Community Development Corporation of Hawaii  
that:

1. All regulatory and statutory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditures are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The calculation of eligibility for Federal funding is in accordance with the provisions of the regulations;
6. All proposed rental charges and expenditures will be consistent with provisions of law;
7. The PHA/IHA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 905.120(c) and (d);
8. The PHA/IHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i) or 24 CFR 905.120(g); and
9. The PHA/IHA will comply with the requirements for the reexamination of family income and composition under 24 CFR 960.209, 990.115 and 905.315.

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Board Chairman's Name (type)

Charles A. Sted

Signature

*Charles A. Sted*

Date

3/18/04